

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

2003 JUL 16 PM 2:46 COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE MR		FIRST RONALD		MI H
	NICKNAME RON		LAST Segovia		SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;		APT / SUITE #	CITY;	STATE; ZIP CODE
	See Public Information Act 552.117				
5 CAMPAIGN TREASURER NAME	TITLE MRS		FIRST Helen		MI K.
	NICKNAME		LAST Dutmer		SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE
	739 McKinley Ave. SAN ANTONIO, TX				78210
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION	
	(210)	534-0987			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
	5	18	03		6/30/03
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
	5	27	03		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)		
	CITY COUNCIL Dist 3		SAME		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				
GO TO PAGE 2					

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8544

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

RONALD H. "RON" SEGONIA

15 ACCOUNT # (Ethics Commission File #)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 8450.14

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

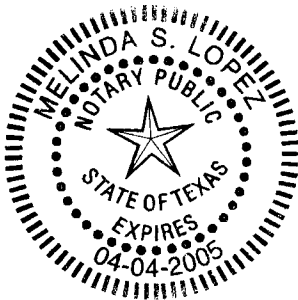
\$ 16,997.58

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ron Segonia
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ronaldo H. Segonia, this the 16th day of July, 20 03, to certify which, witness my hand and seal of office.

Melinda S. Lopez
Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

Notary
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2003 JUL 16 PM 2:48

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

7

2 FILER NAME

RONALD W. "RON" SEGOWIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

ALBERT MALDONADO, JR.

FRANCISCO J. GARCIA

Contributor address; City; State; Zip Code

126 LEGANO DALE

SAN ANTONIO - TX 78258

7 Amount of
contribution (\$)

\$200.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/29

Full name of contributor

☐ out-of-state PAC (ID#)

REYES INDUSTRIES

Contributor address; City; State; Zip Code

1554 CANTRELL

SAN ANTONIO - TX

BBQ PLATES

78221

Amount of
contribution (\$)

\$1250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/24

Full name of contributor

☐ out-of-state PAC (ID#)

GEORGE G. CASTANEDA, JR.

Contributor address; City; State; Zip Code

9720 ELMENDORF-LAVERNIA RD.

SAN ANTONIO - TX 78223

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/20

Full name of contributor

☐ out-of-state PAC (ID#)

MICHAEL G. MILLER

Contributor address; City; State; Zip Code

15434 FALL PLACE DR.

SAN ANTONIO - TX 78247

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/23

Full name of contributor

☐ out-of-state PAC (ID#)

QUESADA INVESTMENTS LLC

Contributor address; City; State; Zip Code

3302 CLARK AVE.

SAN ANTONIO - TX 78223

DBA MURPHY'S

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2003 JUL 16 PM 2:49

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2-OF 7

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

5/20

FIDEL B. VEGA

6 Contributor address; City; State; Zip Code

2526 CINCINNATI ST.

SAN ANTONIO -TX

78228

\$100.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

5/19

ALLIED ADV. (BY JAN RUZZA)

Contributor address; City; State; Zip Code IN KIND

3700 BLANCO RD

S. A. TX

78212

256.75

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

5/19

DAVID MARTINEZ (BY HERMAN)

Contributor address; City; State; Zip Code

(DROP IN LOOKING FOR JOB) 2890 VIA

S.A. TX

IN KIND

200.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

5/16

HELEN DOTMER (ACCUMULATED)

Contributor address; City; State; Zip Code GASOLINE COSTS

739 MCKINLEY AVE

SAN ANTONIO -TX 78210

101.30

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

DEBRA GUERRA-

Contributor address; City; State; Zip Code

BILL MILLER BBQ

GOLIAD RD SA. TX 78723

127.29

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2003 JUL 16 PM 2:49

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

3 of 7

2 FILER NAME

RONALD H. "RON" SEGOLIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/16

5 Full name of contributor

☐ out-of-state PAC (ID#)

M + M ROBERT COPELAND

6 Contributor address; City; State; Zip Code

306 BLUFF COVE

SA TX

78216

7 Amount of
contribution (\$)

250⁰⁰

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/11

Full name of contributor

☐ out-of-state PAC (ID#)

SAMMY & LAURA LEACH

Contributor address; City; State; Zip Code

1130 SANTA CLARA RD. LOOP

MARION - TX

78124

Amount of
contribution (\$)

50⁰⁰

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/16

Full name of contributor

☐ out-of-state PAC (ID#)

ROYCE W. RENFRO

Contributor address; City; State; Zip Code

13307 SOUTHWALK

SA TX

78232

Amount of
contribution (\$)

50⁰⁰

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/16

Full name of contributor

☐ out-of-state PAC (ID#)

JERRY R. SAILER

Contributor address; City; State; Zip Code

2223 ENCINO LOOP

78259

Amount of
contribution (\$)

100⁰⁰

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/18

Full name of contributor

☐ out-of-state PAC (ID#)

KERRY T. BENEDICT

Contributor address; City; State; Zip Code

#2 SUGARWOOD

SA TX

78248

Amount of
contribution (\$)

100⁰⁰

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

4 of 7

2 FILER NAME

RONALD H. "RON" SEGORIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/2

5 Full name of contributor

☐ out-of-state PAC (ID#:

BALTAZAR SERNA, JR

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

120 VILLITA

S A TX

78205

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/17

Full name of contributor

☐ out-of-state PAC (ID#:

RABA-KISTNER INC

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P O Bx 690287

S A TX

78269

Principal occupation (Optional)

Employer (Optional)

Date

6/10

Full name of contributor

☐ out-of-state PAC (ID#:

J. CARY BARTON

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

700 N. ST MARY'S ST.

S A TX

78205

Principal occupation (Optional)

Employer (Optional)

Date

6/13

Full name of contributor

☐ out-of-state PAC (ID#:

METROPOLITAN INC.

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

990 ISOM RD

S A TX

78216

Principal occupation (Optional)

Employer (Optional)

Date

6/12

Full name of contributor

☐ out-of-state PAC (ID#:

BURY + PARTNERS SA-VENTURES

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10000 SAN PEDRO SUITE 100

S A TX

78215

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

5 OF 7

2 FILER NAME

RONALD "RON" SEGOVIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/18

5 Full name of contributor

☐ out-of-state PAC (ID#)

TOM E. PAWEL

6 Contributor address; City; State; Zip Code

123 GENESO RD

S A TX

78209

7 Amount of
contribution (\$)

250.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/14

Full name of contributor

☐ out-of-state PAC (ID#)

WILLIAM S. SALOMAN

Contributor address; City; State; Zip Code

2 INWOOD KNOLL

S A TX

78248

Amount of
contribution (\$)

150.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/17

Full name of contributor

☐ out-of-state PAC (ID#)

LECO MANAGEMENT

Contributor address; City; State; Zip Code

3707 N ST MARY'S #201

S A TX

78212

Amount of
contribution (\$)

150.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/16

Full name of contributor

☐ out-of-state PAC (ID#)

BRIAN OR TINA WEINER

Contributor address; City; State; Zip Code

PO Box 7608

S A TX

78207

Amount of
contribution (\$)

150.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/10

Full name of contributor

☐ out-of-state PAC (ID#)

HENRY CHRISTOPHER, JR

Contributor address; City; State; Zip Code

713 CONTADORA

S A TX

78258

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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CITY OF SAN ANTONIO
CITY CLERK

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2003 JUL 16 PM 2:49

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 6-OF-7	
2 FILER NAME RONALD H. "RON" SEGOLIA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PHILLIP M. BAGNALL 6 Contributor address; City; State; Zip Code 216 LAMONT S. A. TX 78209	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 6/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KAREN L MITTS OR GLEN MITTS Contributor address; City; State; Zip Code 608 HASKIN S A TX 78209	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DANIEL E. MARKSON Contributor address; City; State; Zip Code 2421 LAKE PINE CREST DR #C MIAMI BEACH FL 33140	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DARREN B. CASEY Contributor address; City; State; Zip Code 814 ARION PARKWAY #200 S A TX 78216	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 6/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NORMAN T. DUGAS, JR Contributor address; City; State; Zip Code 14502 BROOK HOLLOW S A TX 78232	Amount of contribution (\$) 400.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

7 of 7

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/18

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

C EDWARD BARRON III

6 Contributor address; City; State; Zip Code

PO Box 677

HELOTES TX

78023

7 Amount of
contribution (\$)

500

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5/27

Full name of contributor ☐ out-of-state PAC (ID# _____)

WALTER SERNA

Contributor address; City; State; Zip Code

P.O. Box

SA TX

78295

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

71480

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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LOANS

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CITY CLERK

SCHEDULE E

2003 JUL 16 PM 2:49

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

RONALD H. "RON" SEGOLIA

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ 1

5 Date of loan

5-19

7 Name of lender

GUARANTY BANK

☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

2500.

6 Is lender a financial Institution?

(Y) N

8 Lender address; City; State; Zip Code

GOLIAD Rd @ Southcross
SA TX 78223

10 Interest rate

11 Maturity date

12 Description of Collateral

☐ none

13 GUARANTOR INFORMATION

☐ not applicable

14 Name of guarantor

16 Amount Guaranteed (\$)

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
SCHEDULE F

2003 JUL 16 PM 2:49
109

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME

RONALD H "RON" SEGOLIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/21

5 Payee name

LILLIE SEGOLIA (US POSTAL SERVICE)

7 Amount (\$)

34.50

6 Payee address; City; State; Zip Code

HIGHLAND HILLS BRANCH
CLARK AVE - S.A. TX 78223

8 Purpose of payment (See instructions regarding type of information required.)

MAIL OUT

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

5/13

Payee name

LILLIE SEGOLIA (US POSTAL SERVICE)

Amount (\$)

7.40

Payee address; City; State; Zip Code

HACKBERRY STATION
50. HACKBERRY @ KAYTON S.A. TX 78210

Purpose of payment (See instructions regarding type of information required.)

OFFICE MAIL

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

5/15

Payee name

LILLIE SEGOLIA (US POSTAL SERVICE)

Amount (\$)

44.40

Payee address; City; State; Zip Code

HIGHLAND HILLS STATION
CLARK AVE S.A. TX 78223

Purpose of payment (See instructions regarding type of information required.)

MAIL (OFFICE USE)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

5/21

Payee name

RON SEGOLIA (BY JAN RUZZA)

Amount (\$)

21.15

Payee address; City; State; Zip Code

S.A. TX

REIMBURSED
FROM CAMPAIGN FUNDS

Purpose of payment (See instructions regarding type of information required.)

EARLY VOTING LIST

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F:

2 of 9

2 FILER NAME

RONALD H "RON" SEGOLIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5-7
THRU
5/22

5 Payee name

DAVID MARTINEZ

CASUAL LABOR

7 Amount (\$)

150 00
222 00
10 00

6 Payee address; City; State; Zip Code

S A T X

37 HRS

25 "

\$20 GASOLINE \$6 00 HR

8 Purpose of payment (See instructions regarding type of information required.)

HANDYMAN-DEL. ETC

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

5/1

Payee name

DOLLAR GENERAL

Payee address; City; State; Zip Code

114 GOLIAD RD.

S A T X

78223

Amount (\$)

14 91

Purpose of payment (See instructions regarding type of information required.)

INCIDENTALS FOR OFFICE

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

5/1

Payee name

FABIAN CASTILLO (SPRINT PCS)

Payee address; City; State; Zip Code

S. A. T X

Amount (\$)

1200 00

Purpose of payment (See instructions regarding type of information required.)

CELL PHONES

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

6/5

Payee name

SBC

Payee address; City; State; Zip Code

PO BOX 4845

HOUSTON TX

77097-0080

Amount (\$)

46764

Purpose of payment (See instructions regarding type of information required.)

TELEPHONE SERVICES

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

2003 JUL 16 PM 2:49

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 9

2 FILER NAME

RONALD H. "RON" SEGOVIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/19

5 Payee name

PECAN VALLEY GOLF COURSE

6 Payee address; City; State; Zip Code

PECAN VALLEY DR.
S.A. TEX

78223

7 Amount (\$)

2679.13

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/19

Payee name

JOHN Budro, NON EXPEND
B+Z STRATEGIES

Payee address; City; State; Zip Code

10710 HORN ROAD (REPLACEMENT CK.
S.A. TX 782 CK 1081 (FOR LAST REPORT
5/15)

Amount (\$)

1775.00

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/20

Payee name

DANIEL "DANNY" GEISLER

Payee address; City; State; Zip Code

S A T X

Amount (\$)

200.00

Purpose of payment (See instructions regarding type of information required.)

LABOR CONTRACT

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/20

Payee name

ALEX REALTY

Payee address; City; State; Zip Code

119 GOLIAD RD
S.A. TX

78223

Amount (\$)

500.00

Purpose of payment (See instructions regarding type of information required.)

RENT

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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CITY OF SAN ANTONIO
SCHEDULE F

2003 JUL 16 PM 2:49

POLITICAL EXPENDITURES

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4 of 9

2 FILER NAME

RONALD H "RON" SEGOWIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/19

5 Payee name

PAUL'S TROPHY

7 Amount (\$)

156⁶²

6 Payee address; City; State; Zip Code

HOT WHEELS BLVD

S-A. TEX

78223

8 Purpose of payment (See instructions regarding type of information required.)

GOLF TOURNEY

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/19

Payee name

SOUTHSIDE REPORTER

Amount (\$)

761⁴⁵

Payee address; City; State; Zip Code

2203 S HACKBERRY

S A T X

78210

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/19

Payee name

MAILING CONSULTANTS

Amount (\$)

873⁸⁹

Payee address; City; State; Zip Code

S A T X

Purpose of payment (See instructions regarding type of information required.)

MAIL OUTS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/19

Payee name

BRENDA GARCIA (PECAN VALLEY)

Amount (\$)

877⁵⁰

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

CATERING GOLF TOURNY

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

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CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

2003 JUL 16 PM 2:50

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages attached: 5 OF 9

2 FILER NAME

RONALD H "RON" SEGOLIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/25

5 Payee name

ALLEN FLORES

6 Payee address; City; State; Zip Code

S A T X

7 Amount (\$)

4400.00

8 Purpose of payment (See instructions regarding type of information required.)

BLOCKWALKERS + EARLY VOTE EXPENSE

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

5/21

Payee name

SPEEDY PRINTING

Payee address; City; State; Zip Code

S. A. T X

Amount (\$)

102.63

Purpose of payment (See instructions regarding type of information required.)

PRINTING

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

5/23

Payee name

ALAN FLORES

Payee address; City; State; Zip Code

S A T X

Amount (\$)

700.00

Purpose of payment (See instructions regarding type of information required.)

CONTRACT LABOR

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

5/8

Payee name

LA PUNTADA RESTURANT

Payee address; City; State; Zip Code

119 GOLIAD RD.

S A T X

78223

Amount (\$)

67.00

Purpose of payment (See instructions regarding type of information required.)

Food For Volunteers

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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CITY OF SAN ANTONIO
CITY CLERK

POLITICAL EXPENDITURES

SCHEDULE F

2003 JUL 16 PM 2:50

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6 of 9

2 FILER NAME
RONALD "RON" SEGOVIN

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/17

5 Payee name
SOUTHSIDE REPORTER

7 Amount (\$)
142.29

6 Payee address; City; State; Zip Code
2203 S. HACKBERRY ST
S A TX 78210

8 Purpose of payment (See instructions regarding type of information required.)

ADV

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name
SOUTHSIDE REPORTER

Amount (\$)

2/17

Payee address; City; State; Zip Code
2203 S HACKBERRY
S.A. TX 78210

724.76

Purpose of payment (See instructions regarding type of information required.)

ADV

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name
OFFICE DEPOT

Amount (\$)

4/25

Payee address; City; State; Zip Code
2321 SW MILITARY HWY
S.A. TX 78224

108.73

Purpose of payment (See instructions regarding type of information required.)

OFFICE SUPPLIES

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name
WALTER KELLER

Amount (\$)

3/5

Payee address; City; State; Zip Code
1211 PLACASANTON RD.
S A TX 78214

121.61

Purpose of payment (See instructions regarding type of information required.)

US20 FOR
SIGN
BATTERY FOR (78 PW)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

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CITY OF SAN ANTONIO
CITY CLERK

POLITICAL EXPENDITURES

SCHEDULE F

2003 JUL 16 PM 2:50

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 7 of 9	
2 FILER NAME RONALD H. 'RON' SEGOVIA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/26	5 Payee name SAM'S CLUB 6 Payee address; City; State; Zip Code SW MILITARY DR S A TEX 78214	7 Amount (\$) 168 49	
8 Purpose of payment (See instructions regarding type of information required.) Election Night		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 5/16	Payee name Home Depot Payee address; City; State; Zip Code 500 FAIR AVE. S. A. TX 78210	Amount (\$) 129 50	
Purpose of payment (See instructions regarding type of information required.) SIGN MATERIAL		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 5/28	Payee name MI TIERRA Payee address; City; State; Zip Code 218 PRODUCE ROW 78207	Amount (\$) 100 42	
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN/BUSINESS LUNCH		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 6/17	Payee name TACO CABANA Payee address; City; State; Zip Code	Amount (\$) 2.15	
Purpose of payment (See instructions regarding type of information required.) FOOD		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK****SCHEDULE F**

2003 JUL 16 PM 2:50

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8 of 9

2 FILER NAME

RONALD H "RON" SEGOLIA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/03

5 Payee name

LA PUNTA DA

7 Amount (\$)

219 13

6 Payee address; City; State; Zip Code

119 GOLIAD Rd.

S. A. TEXAS

78223

8 Purpose of payment (See instructions regarding type of information required.)

FOOD FOR VOLUNTEER WORKERS

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

6/2

Payee name

SAWS

Amount (\$)

31 94

Payee address; City; State; Zip Code

PO BOX 2990

S A TX

78299

Purpose of payment (See instructions regarding type of information required.)

WATER

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/31

Payee name

RADIO UNICA

Amount (\$)

300 00

Payee address; City; State; Zip Code

2700 NE LOOP 410 Suite 300

S A TX

78217

Purpose of payment (See instructions regarding type of information required.)

ADV

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/13

Payee name

PRINT + COPY

Amount (\$)

87 49

Payee address; City; State; Zip Code

2118 GOLIAD Rd.

SAN ANTONIO - TX

78223

Purpose of payment (See instructions regarding type of information required.)

FOLDERS (PRINTED)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

2003 JUL 16 PM 2:50

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

9 of 9

2 FILER NAME

RONALD H. "RON" SEGOUA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/12

5 Payee name

ELECTION SUPPORT SERVICES, INC.

6 Payee address; City; State; Zip Code

7

Amount
(\$)151²²

8 Purpose of payment (See instructions regarding type of information required.)

MAIL OUT

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

5/12

Payee name

ELECTION SUPPORT SERVICES, INC.

Payee address; City; State; Zip Code

4958 MILITARY DR. W.

SA TX

78242

Amount
(\$)306⁵⁶

Purpose of payment (See instructions regarding type of information required.)

MAIL OUT

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

5/14

Payee name

ELECTION SUPPORT SERVICES, INC.

Payee address; City; State; Zip Code

4958 MILITARY DR. W

SA TX

78242

Amount
(\$)306⁵⁶

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount
(\$)

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

2003 JUL 16 PM 2:51

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:**2** FILER NAME

RONALDO H. SEGOVIA

3 ACCOUNT # (Ethics Commission filers)**4** Date

N/A

5 Payee name**6** Payee address; City; State; Zip Code**7** Purpose of expenditure (See instructions regarding type of information required.)**8** Amount (\$)☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

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